



STATE OF RHODE ISLAND
DEPARTMENT OF BUSINESS REGULATION
DIVISION OF COMMERCIAL LICENSING AND RACING AND ATHLETICS
JOHN O. PASTORE CENTER
1511 PONTIAC AVENUE, BLDG. 69-1
CRANSTON, RHODE ISLAND 02920-0942



WWW.DBR.STATE.RI.US

Phone: (401) 462-9506

TDD No.: 711

Fax: (401) 462-9645

2008 LICENSE APPLICATION FOR
NON-FACILITY / VENDOR EMPLOYEES

INSTRUCTIONS AND INFORMATION

- 1 All 2008 Licenses will expire on December 31, 2010.
- 2 Complete application in ink, signed by you and employer in spaces provided on back.
- 3 Applicant's background will be investigated by both the RI State Police and FBI.
- 4 False or incomplete information on the application may result in license denial.
- 5 Include a copy of your **Photo Identification Card (Driver's License) and an updated Alien Card, if appropriate.**
- 6 Fees must be paid by check or money order when application is submitted.
- 7 All personally identifiable information (including home address and social security number) is confidential unless a court orders otherwise.

Make checks Payable to: State of RI General Treasurer Note: CASH WILL NOT BE ACCEPTED.

CIRCLE ONE FACILITY:

TWIN RIVER

NEWPORT GRAND

LICENSE TYPE AND FEE

- ☐ Vendor (Concessionaire) Employee (\$75) ☐ Pari-Mutuel Totalizator Co. Employee (\$150)

EMPLOYER NAME: _____

- ☐ Trainer (\$150) ☐ Assistant Trainer (\$150) ☐ Kennel Person (\$75)

KENNEL NAME: _____

LAST NAME:		FIRST NAME:		MIDDLE NAME:		MAIDEN NAME:	
Current Residence Address:		Street		City		State Zip Code	
DATE OF BIRTH:		SOCIAL SECURITY #:		PHONE #: ()		Cell Phone #: ()	
HEIGHT:	WEIGHT:	HAIR:	EYES:	Are you a U.S. Citizen? Please circle one YES or NO			
Place of Birth: (State, Country)				Alien Registration Card No.:		Expiration Date:	
Type of Identification Required--Including at least one with a photograph (Check Two):							

Driver's License: _____	Passport: _____	Social Security Card: _____	Other (Please specify): _____
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Have you or your spouse ever been suspended or barred from participation in Racing or Gaming organization association, authority, commission in the United States or elsewhere? Please circle one YES or NO

If you answered "YES", give details below (Separate sheet(s) can be used, if necessary). _____

Have you or your spouse ever been arrested, charged or convicted of any criminal offense (except Traffic Violations)? Please circle one YES or NO

If you answered "YES", give details below (Separate sheet(s) can be used, if necessary). _____

PRIOR EMPLOYMENT HISTORY FOR PAST THREE YEARS:			
Name and Address of Employer:	Type of Business	Date Employed	
		FROM:	TO:

Please provide the name, address and phone numbers of three persons whom have known you for 10 years.

Name	Address (Street, City, State, Zip)	Telephone # (Area Code)
		()
		()
		()

STATEMENT OF APPLICANT

In accepting a license issued pursuant to R.I. General Laws 41-4-1 *et seq.*:

I agree to abide by all applicable statutes and regulations. I understand that I am freely consenting to any warrantless search by any governmental agency within the grounds of Twin River or Newport Grand ("the facility"), of the premises which I occupy or control, and my personal property and effects at the facility, and to the seizure of any illegal item, which said search, may produce. I hereby certify that I have read the foregoing application and affirm that every statement contained therein is true complete and correct. I understand that if I misstate or omit any fact, I am subject to the penalties provided by law and the above-mentioned rules and regulations and my application may be denied.

I hereby authorize the Rhode Island Division of Commercial Licensing and Racing and Athletics to investigate any and all records concerning my background, including, but not limited to, any criminal convictions. ***I FULLY UNDERSTAND THE PRECEDING WAIVER.***

DATE OF APPLICATION: _____ **APPLICANT SIGNATURE:** _____

EMPLOYER/SUPERVISOR PRINT NAME: _____

EMPLOYER/SUPERVISOR SIGNATURE: _____

FOR OFFICIAL USE ONLY:				
TOTAL FEE:	CHECK/MONEY ORDER:	LICENSE NUMBER:	BACKGROUND CHECK RESULT:	BCI DATE:
Approved DBR Signature:		Approval Date:		Fingerprint Card Date:

